



## Farmers' Market Nutrition Program Shipping Confirmation

Date: \_\_\_\_\_

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Shipping Address:

Number of Check Booklets Sent:

Serial Number Range:

to

Serial Number Range:

to

Serial Number Range:

to

Signature of Primary Staff Person Receiving FMNP Check Booklets

Date

Signature of Secondary Staff Person Receiving FMNP Check Booklets

Date

### Instructions

1. Upon receipt of the FMNP check shipment, carefully review the check serial number ranges, and compare them to the packing slip and the serial number range stated on the box(es) to verify that no checks are missing.
2. Report any errors or shipment problems to the State WIC Office within 5 days of shipment.
3. Complete and sign this form, and email to [wicfmnp@cdph.ca.gov](mailto:wicfmnp@cdph.ca.gov) or fax to 916-263-3314.